



## Individualized Education Program

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TYPE:** ☐ Initial ☐ Review ☐ Reevaluation ☐ Amendment ☐ Interim

Evaluation was completed within 60 days ☐ yes ☐ no. If no specify the reason for the delay: \_\_\_\_\_

**STUDENT:** \_\_\_\_\_ ☐ M ☐ F  
Last (legal) First (no nicknames) M.I.

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ Teacher/Service Provider: \_\_\_\_\_

Resident District: \_\_\_\_\_ Building: \_\_\_\_\_

Attending District: \_\_\_\_\_ Building: \_\_\_\_\_

Attending Area Education Agency: \_\_\_\_\_ Attending Building Phone: \_\_\_\_\_

<input type="checkbox"/> Parent	Name: _____	Home Phone: _____
<input type="checkbox"/> Foster Parent	Address: _____	Work/Cell Ph: _____
<input type="checkbox"/> Guardian		E-mail: _____
<input type="checkbox"/> Surrogate		
<input type="checkbox"/> Student		

<input type="checkbox"/> Parent	Name: _____	Home Phone: _____
<input type="checkbox"/> Foster Parent	Address: _____	Work/Cell Ph: _____
<input type="checkbox"/> Guardian		E-mail: _____
<input type="checkbox"/> Surrogate		
<input type="checkbox"/> Student		

Duration of this IEP: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Reevaluation is due: \_\_\_\_/\_\_\_\_/\_\_\_\_

Procedural safeguards were reviewed by: \_\_\_\_\_ Method: \_\_\_\_\_

Rights will transfer at age 18: \_\_\_\_/\_\_\_\_/\_\_\_\_ Notification: Student \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Persons Present at Meeting/Position or Relationship to Student

_____ Parent	_____ Student
_____ Parent	_____
_____ LEA Rep/Designee	_____
_____ Gen Ed Tchr	_____
_____ Sp Ed Tchr	_____

Signature or listing indicates presence at the meeting, not approval or acceptance of the IEP

Outside written input: Name/Agency: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Present Levels of Academic Achievement and Functional Performance</b>
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**Strengths, interests and preferences of this individual** \_\_\_\_\_

\_\_\_\_\_

**Parents' concerns for enhancing their child's education** \_\_\_\_\_

\_\_\_\_\_

**Student and family vision.** Include post-high school outcomes in the areas of living, learning, and working based on the needs, interests and preferences of the individual by age 14.

\_\_\_\_\_

\_\_\_\_\_

**Special considerations to be addressed in developing this IEP.** Include or attach appropriate information for any "Yes".

<b>Y</b>	<b>N</b>	Behavior (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior)	<b>Y</b>	<b>N</b>	Communication and language, particularly if the student is deaf or hard of hearing	<b>Y</b>	<b>N</b>	Limited English proficiency (Consider the language needs related to the IEP)
			<b>Y</b>	<b>N</b>	Braille instruction needs if this student has a visual impairment	<b>Y</b>	<b>N</b>	Assistive technology

**Other information essential for the development of this IEP** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.** For a preschool child, describe the effect of this individual's disability on involvement in appropriate activities. By age 14, describe the effect of this individual's disability on the pursuit of post-secondary expectations (living, learning, and working).

\_\_\_\_\_

\_\_\_\_\_

**POST SECONDARY EXPECTATIONS:** Based on the vision and transition assessments of students ages 14 and older, describe the post secondary expectations for living, learning, and working.

\_\_\_\_\_

\_\_\_\_\_

**Course of study** (By age 14, include target graduation date, graduation requirements and courses and activities needed to pursue the post secondary expectations for living, learning, and working.)

\_\_\_\_\_

\_\_\_\_\_

**IEP Results****Results of the previous IEP dated** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Goal #:	Goal code:	Goal:
<b>Progress:</b> Did the child make the progress expected by the IEP team in the last year? (check one) <input type="checkbox"/> M Yes, goal met <input type="checkbox"/> I Goal not met; performance improved <input type="checkbox"/> W No change or poorer performance <input type="checkbox"/> X Insufficient data for decision making		
<b>Comparison to peers or standards:</b> How does the child's performance compare with general education peers or standards? (check one) <input type="checkbox"/> L Less discrepancy from peers or standards <input type="checkbox"/> U Same discrepancy <input type="checkbox"/> M More discrepancy <input type="checkbox"/> N Comparison to age or grade level peers or standards not appropriate <input type="checkbox"/> X Insufficient data for decision making		
<b>Independence:</b> Is the child more independent in the goal area? (check one) <input type="checkbox"/> G Greater independence <input type="checkbox"/> U Unchanged independence <input type="checkbox"/> L Less independence <input type="checkbox"/> X Insufficient data for decision making		
<b>Goal status:</b> Will work in the goal area be continued? (check one) <b>Discontinue goal area</b> <input type="checkbox"/> S Success, no further special education needs in goal area <input type="checkbox"/> X Goal area is not a priority for the next year <input type="checkbox"/> N Limited progress, plateau <input type="checkbox"/> M Moved <input type="checkbox"/> D Dropped out <input type="checkbox"/> G Graduated <b>Continue goal area</b> <input type="checkbox"/> C More advanced work in goal area <input type="checkbox"/> O Continue as written		

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**Goal #:** \_\_\_\_\_ **Goal code:** \_\_\_\_\_ **Goal area:** \_\_\_\_\_

**Current Academic Achievement and Functional Performance** (Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards)

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**Baseline** (describe individual's current performance in measurable terms) \_\_\_\_\_

**Measurable Annual Goal: conditions** (when and how the individual will perform); **behavior** (what the individual will do); and **criterion** (acceptable level of performance). For students 14 years and older, indicate if this goal is related to post-secondary expectations of: (check all that apply to this goal) ☐ living ☐ learning ☐ working

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**Evaluation procedures** (state how progress toward meeting this goal will be measured and how often progress will be measured) \_\_\_\_\_

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**State the district standard and benchmark related to this goal** \_\_\_\_\_

**Position(s) responsible for services** \_\_\_\_\_

**Major Milestones or Short Term Objectives/Dates Expected**  
(Required for students assessed against alternate achievement standards)

**Comments/Progress Notes/Dates Achieved**

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### Progress Report

- 1 = This goal has been met.  
 2 = Progress has been made towards the goal. It appears that the goal will be met by the time the IEP is reviewed.  
 3 = Progress has been made towards the goal but the goal may not be met by the time the IEP is reviewed.  
 4 = Progress is not sufficient to meet this goal by the time the IEP is reviewed. Instructional strategies will be changed.  
 5 = Your child did not work on this goal during this reporting period (provide an explanation to the parents).

____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5
____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5
____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5

**Goal #:** \_\_\_\_\_ **Goal code:** \_\_\_\_\_ **Goal area:** \_\_\_\_\_

**Current Academic Achievement and Functional Performance** (Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards)

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**Baseline** (What is this individual's current performance, stated in measurable terms?) \_\_\_\_\_

**Measurable Annual Goal:** **conditions** (when and how the individual will perform); **behavior** (what the individual will do); and **criterion** (acceptable level of performance). For students 14 years and older, indicate if this goal is related to post-secondary expectations of: (check all that apply to this goal.) ☐ living ☐ learning ☐ working

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**Evaluation procedures** (state how progress toward meeting this goal will be measured and how often progress will be measured) \_\_\_\_\_

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**State the district standard and benchmark related to this goal** \_\_\_\_\_

**Position(s) responsible for services** \_\_\_\_\_

**Major milestones:** (Required for students assessed against alternate achievement standards)

1: \_\_\_\_\_ 2: \_\_\_\_\_

3: \_\_\_\_\_ 4: \_\_\_\_\_

### Progress Report

1 = This goal has been met.

2 = Progress has been made towards the goal. It appears that the goal will be met by the time the IEP is reviewed.

3 = Progress has been made towards the goal but the goal may not be met by the time the IEP is reviewed.

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5 = Your child did not work on this goal during this reporting period (provide an explanation to the parents).

____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5
____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5
____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5

**Special Education Services**

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals 2) to be involved and progress in the general curriculum; 3) to be educated and participate with other individuals with disabilities and nondisabled individuals. 4) to participate in extracurricular and other nonacademic activities; and 5) by age 14, to pursue the course of study and post-high school outcomes (living, learning & working);

Y N Accommodations	Y N Linkages/interagency responsibilities	Y N Supplementary aids and services
Y N Assistive technology	Y N Program modifications	Y N Supports for school personnel
Y N Community experiences	Y N Specially designed instruction	Y N Support or related services
Y N Development of work and other post-high school living objectives	Y N Other _____	

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
	Beginning Date:  Provider(s):  Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
	Beginning Date:  Provider(s):  Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
	Beginning Date:  Provider(s):  Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
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	Beginning Date:  Provider(s):  Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
	Beginning Date:  Provider(s):  Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
Total minutes per month removed from general education:		
LRE: Removal from GE      % plus Time in GE      % = 100%		

### Special Education Services, continued

☐ Yes ☐ No **Are extended school year (ESY) services required?** If yes, specify the goals that require ESY services and describe the services. \_\_\_\_\_

☐ Yes ☐ No **Are specialized transportation services required that are related to the disability?** If yes, describe.  
☐ Special route (outside normal attendance area or transportation not typically provided based on distance from school)  
☐ Attendant services ☐ Specially equipped vehicle ☐ Other \_\_\_\_\_

**Physical Education:** ☐ General ☐ Modified — describe below ☐ Specially designed — requires goal(s)

### Indicate how this individual will participate in district-wide assessments

☐ Without accommodations  
☐ With accommodations  
Describe accommodations necessary to measure academic achievement and functional performance \_\_\_\_\_

☐ Through the state alternate assessment. Why can't the individual participate in the general assessment? \_\_\_\_\_

Why is this alternate assessment appropriate for this student? \_\_\_\_\_

### Least Restrictive Environment Considerations

#### Address the following questions.

☐ Yes ☐ No Will this individual receive all special education services in general education environments?

If no, explain: \_\_\_\_\_

☐ Yes ☐ No Will this individual participate in nonacademic activities with nondisabled peers **and** have the same opportunity to participate in extracurricular activities as nondisabled peers?

If no, explain: \_\_\_\_\_

☐ Yes ☐ No Will this individual attend the school he or she would attend if nondisabled?

If no, explain: \_\_\_\_\_

☐ Yes ☐ No Will this individual attend a special school? If yes, attach responses to the special school questions.

### Progress reports

**Parents:** You will be informed of your child's IEP progress \_\_\_\_\_ times per year. You will receive:

☐ An IEP report with report cards and progress reports ☐ Updated copies of the IEP goal pages

☐ \_\_\_\_\_